		- DET	i. t		
A SECTION		SECRET COMM			
UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS		2013 DEC 16 PM 4: 08			
				LIVISION	
A. NAME & PHONE OF CONTACT AT FILER (optional) Laura Hult, Esq. (614) 462-1109		jon on	•	67	
B. E-MAIL CONTACT AT FILER (optional)		ž.			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
lce Miller LLP					
250 West Street, Suite 700					
Columbus, OH 43215					
B. INITIAL FINANCING STATEMENT FILE NUMBER	1b.	This FINANCING STATEME	NT AMEND		
201308143770 (Filed 11/19/2013)		(or recorded) in the REAL ES Filer, <u>attach</u> Amendment Adden	dum (Form U	CC3Ad) <u>and</u> provide Debtor	
 TERMINATION: Effectiveness of the Financing Statement Identi Statement 	fied above is terminated with	respect to the security interest(s	s) of Secura	d Party authorizing this 1	Fermination
 ASSIGNMENT (full or partial): Provide name of Assignee in Item For partial assignment, complete Items 7 and 9 and also indicate a 		signee in item 7c <u>and</u> name of A	ssignor in i	iem 9	
4. CONTINUATION: Effectiveness of the Financing Statement Ide continued for the additional period provided by applicable law	ntified above with respect to	the security interest(s) of Secure	d Party aut	horizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	Check <u>one</u> of these three boxe	10.			
Check one of these two boxes: This Change affects Debtor or Secured Party of record	CHANGE name and/or addr item 6a or 6b; and item 7a o	ess: CompleteADD name:	Complete it <u>d</u> item 7c	em DELETE name: C	
6a. ORGANIZATION'S NAME	lion Change - provide only <u>one</u>	name (6a or 6b)			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME A	DDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa [7a. ORGANIZATION'S NAME] 	rty Information Change - provide only	one name (7a or 7b) (use exact, full name	; de net omit, n	odify, or abbreviate any part of	he Debtor's name)
Bridlespur Partners Two, LLC 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				,	SUFFIX
	OITY Delaware	1 *		OSTAL CODE 13015	SUFFIX COUNTRY USA

Filed with the Massachusetts Secretary of State (Debtor: Infomotion Sports Technologies, Inc.) 924159-1